UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.: S-100,628		
First Inventor or Application Identifier: Kendall Hollis		
Title: SPRAY SHADOWING FOR STRESS RELIEF AND		
MECHANICAL LOCKING IN THICK PROTECTIVE COATING	S	_=
Express Mail Label No.: ET461825872US	PTC	

TRANSMITTAL MECHANICAL LOCKING IN THICK PROTECTIVE COATINGS							
	Express Mail Label No.: ET461825872US						
APPLICATION ELEMENTS	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
* Fee Transmittal Form (e.g. PTO/SB/17) (submit an original and a duplicate for fee processing)	6. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)						
2.	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a.						
	riate box, and supply the requisite information below and in a preliminary amendment: ion-in-part (CIP) of prior application S.N/						
Prior application information: Examiner:	Group/Art Unit:						
For CONTINUATION or DIVISIONAL APPS only: The entire dis-	ciosure of the prior application, from which an oath or declaration is supplied under Box 4b, is muation or divisional application and is hereby incorporated by reference. The incorporation <u>can</u> tted from the submitted application parts.						
	ORRESPONDENCE ADDRESS						
Customer Number	OR Correspondence Address Below						
35068							
Name: Mark N. Fitzgerald Address: Los Alamos National Laborat LC/IP, MS A187 City: Los Alamos State: New Country United States Telephone: (5	Mexico Zip Code 87545						
Name (Print/Type): Mark N. Fitzgerald	Registration No. (Attorney/Agent): 48,300						
Signature:	/ Date: 4/19/19						

FEE TRANSMITTAL For FY 2003

Patent fees are subject to annual revision (submit an original and a duplicate for fee processing)

	Complete if Known				
Complete if Known					
Application Number:					
Filing Date:					
First Named Inventor:	Kendall Hollis				
Examiner Name:					
Group/Art Unit:					
Attorney Docket No.:	S-100,628				

METHOD OF PAYMENT			FEE CALCULATION (continued)	
The commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 12-2150 Deposit Account Name: Los Alamos National Laboratory Charge Any Additional Fee Required Under	3. ADDI Large Entity Fee	TIONAL F Small Entity Fee	Fee Description	F Daid
37 C.F.R. 1.16 and 1.17 Applicant claims small entity status.	\$130	\$65	Surcharge – late filing fee or oath	Fee Paid
See 37 CFR 1.27	\$50	\$25	Surcharge – late provisional filing fee or cover sh	eet
FEE CALCULATION	\$2,520	\$2,520	For filing a request for reexamination	
	\$110	\$55	Extension for reply within first month	
1. BASIC FILING FEE	\$410	\$205	Extension for reply within second month	
Large Entity Small Entity	\$930	\$465	Extension for reply within third month	
Fee Fee Fee Description Fee Paid \$750 \$375 Utility filing fee 375	\$1,450	\$725	Extension for reply within fourth month	
\$750 \$375 Reissue filing fee	\$1,970	\$985	Extension for reply within fifth month	
\$160 \$80 Provisional filing fee	\$320	\$160	Notice of Appeal	
SUBTOTAL (1) \$375.00	\$320	\$160	Filing a brief in support of an appeal	
	\$280	\$140	Request for oral hearing	
	\$110	\$55	Petition to revive - unavoidable	
*	\$110	\$55	Terminal Disclaimer	
	\$1,300	\$650	Petition to revive – unintentional	
	\$130	\$130	Petitions to the Commissioner	
2. EXTRA CLAIM FEES	\$ 50	\$50	Petitions related to provisional applications	
Extra Fee from Fee Paid	\$ 180	\$180	Submission of Information Disclosure Statement	
Claims Below Total Claims 8 -20** = 0 X 0 = 0 Independent 2 -3 ** = 0 X 0 = 0	\$750	\$375	Filing a submission after final rejection (37 CFR 1.129 (a))	
Claims Multiple Dependent =	\$750	\$375	For each additional invention to be examined (37 CFR 1.129(b))	•
** or number previously paid, if greater; For Reissues, see below	\$100	\$100	Certificate of Correction	
Large Small Entity Entity Fee Fee Fee Description	\$300	\$300	Publication fee for early, voluntary, or normal publication	
\$18 \$9 Claims in excess of 20 \$84 \$42 Independent claims in excess of 3 \$280 \$140 Multiple dependent claim, if not paid.	\$750	\$375	Request for Continued Examination (RCE)	
\$84 \$42 ** Reissue independent claims	Other fee	e (specify)		
over original patent \$18 \$9 ** Reissue daims in excess of 20			SUBTOTAL (3)	\$0
and over original patent	Reduced b	y Basic Filing	Fee Paid	
SUBTOTAL (2) \$0			SUBTOTAL FROM 1 SUBTOTAL FROM 2 SUBTOTAL FROM 3	\$375 \$0 \$0
, 1	1.6		TOTAL AMOUNT OF PAYMENT	760
//			TOTAL AMOUNT OF PATMENT	\$375

SUBMITTED BY				Complete (if applicable)					
Printed Name:	Mark N. Fi	zgerald	Λ	4			,	Reg. No.	48,300
Signature:	//// /		(Soft	\mathcal{I}	Date: 9	19/	03	Telephone	(505)665-5187